PSY405 Ch11 - Lecture notes chapter 11

PSY 405 (California Polytechnic State University San Luis Obispo)

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Chapter 11
Eating Disorders

Anorexia Nervosa- Diagnostic Criteria

- Refusal to maintain more than 85% of normal body weight
- Intense fear of becoming overweight
- Distorted view of body weight and shape
- Undue influence of weight on self-evaluation

Calculation for Body Mass Index

- Weight/height^2 X 703= BMI
- Healthy= 18.5-24.9
- Overweight= 25-29.9
- Obese= 30-39.9
- Morbidly Obese= 40 and higher

There are 2 main subtypes:

- Restricting type
    - Lose weight by restricting "bad" foods, eventually restricting nearly all food
- Binge-eating/purging type
    - Lose weight by vomiting after meals, abusing laxatives or diuretics, or engaging in excessive exercise

Anorexia Nervosa

- About 90-95% of cases occur in females, although some research claims a 3:1 ratio
- The peak age of onset is between 14 and 18 years old
- Between 0.5% and 3.5% of females in Western countries develop the disorder
    - Many more display some symptoms
- Rates of anorexia nervosa are increasing in most parts of the world

Medical Problems:

- Amenorrhea—no periods...because estrogen is stored in body fat
- Reduced bone density
- Low body temperature
- Slow heart rate
- Poor circulation
- Low blood pressure
- Metabolic electrolyte imbalances
- Lanugo
- Body swelling
- Dry skin, brittle nails

The Clinical Picture:

- People with anorexia nervosa also display certain psychological problems:
    - Depression (usually mild)
    - Anxiety
    - Low-self esteem
    - Insomnia or other sleep disturbances
    - Substance abuse
    - Obsessive-compulsive patterns
    - Perfectionism

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Bulimia Nervosa-Diagnostic Criteria

1. Binge eating, characterized by the following:
    a. Eating a large amount of food within two hours (about 2,000-3,000 calories)
    b. A sense of lack of control during the episode
2. Recurrent use of vomiting; misuse of laxatives, diuretics, enemas; fasting; or excessive exercise to prevent weight gain
3. The binge eating and compensatory behaviors occur at least once a week for 3 months
4. Self-evaluation in unduly influenced by body shape and weight

There are two main subtypes:

- Purging-type bulimia nervosa
    - Vomiting
    - Misusing laxatives, diuretics, or enemas
- Nonpurging-type bulimia nervosa
    - Fasting
    - Exercising excessively

Bulimia Nervosa: Compensatory Behaviors

- After a binge, people with bulimia nervosa try to compensate for and "undo" the caloric effects
- The most common behaviors:
    - Vomiting
        - Fails to prevent the absorption of half the calories consumed during a binge
        - Affects ability to feel satiated-> greater hunger and bingeing
    - Laxatives and diuretics
        - Also almost completely fail to reduce the number of calories consumed

Bulimia Nervosa

- About 90-95% of bulimia nervosa cases occur in females (1.5% lifetime prevalence)
- The peak age of onset is between 20-24 years
- Symptoms may last for several years with periodic letup
- Teens and young adults have frequently attempted binge-purge patterns as a means of weight loss, often after hearing accounts of bulimia from friends or the media
- In one study:
    - 50% of college students reported periodic binges
    - 6% tried vomiting
    - 8% experimented with laxatives at least once

Bulimia Nervosa- Medical Features

- Fluid and electrolyte abnormalities
- Dental erosion
- Laxative dependence
- Esophageal tears, gastric rupture and cardiac arrhythmias

Bulimia Nervosa vs. Anorexia Nervosa

Differences

- People with bulimia nervosa are more concerned about pleasing others, being attractive to others, and having intimate relationships
- People with bulimia nervosa tend to be more sexually experienced and active
- *LOW LOW LOW weight in anorexia vs bulimia*

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- More than 1/3 of people with bulimia display characteristics of a personality disorder, particularly borderline personality disorder
- People with bulimia nervosa are more likely to have histories of mood swings, low frustration tolerance, and poor coping

Binge Eating Disorder

- Repeated eating binges during which they feel no control over their eating
- These individuals do **not** perform inappropriate compensatory behavior
- As a result of their frequent binges, around 2/3 of people with binge eating disorder become overweight or even obese

Dx Checklist:

1. Recurrent binge-eating episodes
2. Binge- eating episodes include at least 3 of these features:
    a. Unusually fast eating
    b. Absence of hunger
    c. Uncomfortable fullness
    d. Secret eating due to sense of shame
    e. Subsequent feelings of self-disgust, depression, or severe guilt
3. Significant distress
4. Binge-eating episodes take place at least weekly over the course of 3 months
5. Absence of excessive compensatory behaviors

Eating Disorders- Risk Factors/Causes- **Biological**

- **Dieting--- EVIL**
- Obesity/overweight/pubertal weight gain
- ALL EATING DISORDERS START WITH A DIET
- Theory: “wired to binge”
- LH/VMH and weight set point
- Genetics
- Serotonin imbalance
- Dopamine and faulty reward system

Biological/Dopamine/Faulty Reward System

- A faulty reward-processing system
- An Importance piece of the altered reward system seems to be dopamine
- Dopamine activity is altered in both bulimia and anorexia
- People with anorexia have difficulty coding reward, and they’re oversensitive to punishment
- People with bulimia have a weaker-than-normal response in brain regions that are part of the dopamine-related reward circuitry

Eating Disorders- Risk Factors/Causes- **Psychological**

- **Body dissatisfaction**
- Low self-esteem
- Depression

Eating Disorders- Risk Factors/Causes- **Family**

- Families may play an important role in the development of eating disorders
    - As many as half of the families of those with eating disorders have a long history of emphasizing thinness, appearance, and dieting (parental comments)

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    - Mothers of those with eating disorders are more likely to be dieters and perfectionistic themselves

Eating Disorders- Risk Factors/Causes- **Society/Culture**

- Implicated in certain groups
- Media: Internet, TV, films, magazines
- Models, actors, dancers, and certain athletes
    - Of college athletes surveyed, 9% met full criteria for an eating disorder while another 50% had symptoms
    - 20% of surveyed gymnasts met full criteria for an eating disorder
- Objectification: female and male bodies evaluated by appearance
- The socially accepted prejudice against overweight people may also add to the "fear" and preoccupation about weight
    - About 50% of elementary and 61% of middle school girls are currently dieting
- Peer pressure/competition

Treatments for Anorexia Nervosa

- The initial aims of treatment to anorexia nervosa are to:
    - Restore proper weight
    - Recover from malnourishment
    - Restore proper eating
    - Research on Olanzapine
- Family therapy is the treatment of choice for *adolescents* with anorexia
- Positives of treatment"
    - Weight gain is often quickly restored
    - 83% of patients still showed improvements after several years
    - Menstruation often returns with return to normal weight
    - The death rate from anorexia is declining

Treatments for Bulimia Nervosa

- The initial aims of treatment for bulimia nervosa are to:
    - Eliminate binge-purge patterns
    - Establish good eating habits
    - Eliminate the underlying cause of bulimic patterns
    - Left untreated, bulimia can last for years
    - Treatment provides immediate, significant improvement in about 40% of cases
        - An additional 40% show moderate improvement

Treatments for Eating Disorders

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